Docket Number (Optional) 17887007100

O PETITION FOR EXT	PETITION FOR EXTENSION OF TIME UNDE		
	In re Applica		
CAN S & BOOM	Application		
	For PRO		
MADEUARE	Croup Art I		

ation of Geoffrey D. Ralston et al.

Number 09/773,250 Filed January 31, 2001 CESSING OF TEXTUAL ELECTRONIC COMMUNICATION DISTRIBUTED IN BULK Group Art Unit Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

	$\boxtimes$	One month (37 CFR 1.17(a)(1))	\$110	1
		Two months (37 CFR 1.17(a)(2))	\$	
		Three months (37 CFR 1.17(a)(3))	\$	
		Four months (37 CFR 1.17(a)(4))	\$	
		Five months (37 CFR 1.17(a)(5))	\$	
-			Therefore the fee amount of	

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown	
above is reduced by one-half, and the resulting fee is: \$ .	

A check in the amount of the fee is enclosed.
Payment by credit card. Form PTO-2038 is at

Payment by credit card.	Form PTO-2038 is attached.

Ø The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Thomas D. Franklin, Reg. No. 43,616 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

☐ \*Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are requised to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademath Office, Washington, DC 2023.1. DN DT SEND FEES DR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Datante Washi ngton, DC 20231.

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